

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345335</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/05/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN OAKS NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1704 NC HIGHWAY 39 N</b> <b>LOUISBURG, NC 27549</b>		
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F 242 SS=D	<p><b>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</b></p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and record review the facility failed to provide the showers documented on the shower schedule for 1 of 1 sampled residents (Resident #39), reviewed for choices, who had identified showers as their bathing preference. Findings included:</p> <p>Resident #39 was admitted to the facility on 04//07/09, and readmitted on 12/31/14, 04/03/15, and 04/14/15. The resident's documented diagnoses included quadriplegia, dementia, psychosis, chronic pain syndrome, peripheral neuropathy, and chronic obstructive pulmonary disease.</p> <p>Review of the facility shower schedule revealed Resident #39 was to receive showers during second shift on Tuesdays, Thursdays, and Saturdays.</p> <p>The resident's 07/29/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person total</p>	F 242	<p>F242 Right To Make Choices</p> <p>Resident #39 was showered by assigned CNA on 11/3/2015 and documented as given with observation by the Nursing Supervisor. Resident #39 will continue to receive a bath or shower per her choice of bathing preference.</p> <p>100% interviews were completed with all alert and oriented residents including resident #39 on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding preferences for bathing. All non-alert and non-oriented residents' Responsible Parties were contacted on 11/3/15 by the Director of Nursing, Assistant Director of Nursing and Nursing Supervisor regarding their preferences for bathing. The facility MDS nurses reviewed/updated all resident care plans on 11/4/15 to reflect the residents' bathing preferences. All identified issues were addressed immediately by the Director of Nursing on 11/4/15 to ensure each resident is given the choice of a</p>	11/30/15	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/24/2015

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 242	<p>Continued From page 1</p> <p>dependence, prefers shower, and ensure hair is washed and nails are manicured on bathing days."</p> <p>The facility's August 2015 bathing record documented Resident #39 received three showers for the month.</p> <p>The facility's September 2015 bathing record documented Resident #39 received two showers for the month.</p> <p>The resident's 10/08/15 quarterly minimum data set (MDS) documented her cognition was severely impaired, she required extensive assistance from two staff members for personal hygiene and bathing, and she was always incontinent of bowel and bladder.</p> <p>The resident's 10/23/15 care plan identified "Requires assistance to maintain maximum function of self-sufficiency for bathing related to: impaired mobility, physical limitations due to quadriplegia" as a problem. Interventions to this problem included "Bathing one person total dependence, prefers shower, and ensure hair is washed and nails are manicured on bathing days."</p> <p>The facility's October 2015 bathing record documented Resident #39 received one shower for the month.</p> <p>At 4:40 PM on 11/03/15 (Tuesday) Resident #39 was observed receiving a bed bath. The resident's inner thighs, groin, and buttocks were a bright red. Nursing assistant (NA) #1, who was bathing the resident, stated she was trying to get the resident bathed and cleaned up before the</p>	F 242	<p>shower or bath per their preference.</p> <p>100% in-service of all staff was initiated by the Director of Nursing and Staff Facilitator on 11/3/15 regarding the resident's right to choose activities, schedules and health care consistent with his or her interests, and to make choices about aspects of his or her life in the facility that are significant to the resident including their bathing preferences and the procedure on offering and documenting showers. The in-service will be completed by 11/30/15.</p> <p>All new staff will be in-serviced by the Staff Facilitator and/or Director of Nursing during orientation regarding the resident's right to choose activities, schedules, and healthcare consistent with his or her interests and make choices about aspects of his or her life in the facility that are significant to the resident including their bathing preferences and the procedure on offering and documenting showers.</p> <p>Resident care observations will be completed by the Director of Nursing, Assistant Director of Nursing, and Nursing Supervisors for 10% of all residents to include resident #39 to ensure residents are receiving bathing services related to their bathing preference 3 x week x 4 weeks, weekly x 4 weeks then monthly x 2 months using a Resident Choice/Bathing Preference QI Audit Tool. The Director of Nursing and Administrator will review and initial the Resident Choice/Bathing Preference QI Audit Tool weekly x 8</p>		

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F 242	<p>Continued From page 2</p> <p>supper trays came out, and it was quicker to provide a bed bed than trying to transfer the resident to the showers on the "shower table". According to NA #1, there were usually two NAs on the hall during second shift, and they had the responsibility of trying to provide seven showers on the evening of 11/03/15.</p> <p>At 8:50 AM on 11/04/15 the administrator stated about two weeks ago she had identified a problem with showers not being provided per the shower schedule. She reported she placed a nurse supervisor and a part time registered nurse and a part time licensed practical nurse in charge of monitoring to make sure showers were provided to residents on their shower days. She explained this team also helped educate NAs about shower techniques for challenging residents such as those with tracheotomies and behaviors, and the team could also help to actually provide showers when the NAs were overwhelmed with other tasks. After learning of Resident #39's reddened skin on 11/03/15, when the resident was receiving a bed bath on a shower day, she commented the shower system still needed to be tweaked.</p> <p>At 11:10 AM on 11/04/15 incontinent care was observed for Resident #39. Her thighs, groin, and buttocks were still very red.</p> <p>At 4:20 PM on 11/04/15 Nurse #1 (Nurse Supervisor) stated she paired with two other nurses in the past two to three weeks to make sure residents were receiving showers on their shower days. She reported the "team" educated NAs on shower techniques, provided showers, and re-educated staff about how to document shower refusals when residents had identified</p>	F 242	<p>weeks then monthly x 2 months for completion and to ensure all identified areas of concern were addressed.</p> <p>The results of the Resident Choice/Bathing Preference QI Audit Tool will be compiled by the QI nurse and presented to the Executive Quality Improvement Committee monthly x 4 months. Identification of trends will determine the need for further action and/or change in frequency of required monitoring at the direction of the Executive Quality Improvement Committee.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 242	<p>Continued From page 3</p> <p>showers as their preference over bed baths. According to Nurse #1, she mostly monitored the showers provided on first shift.</p> <p>At 4:50 PM on 11/04/15 Nurse #2, the hall nurse for Resident #39, stated she never recalled any NAs coming to her about the resident refusing her showers. She reported the facility protocol required NAs to report shower refusal (if showers were a preference over bed baths) to the hall nurses who contacted the responsible parties and documented refusal in progress notes. Review of Resident #39's progress notes from 08/01/15 through 11/05/15 revealed no documentation about resident refusal of showers.</p> <p>At 4:53 PM on 11/04/15 NA #2 stated she was unaware the newly organized "team" which monitored the provision of showers could actually help NAs provide showers if they were busy with other duties.</p> <p>At 4:56 PM on 11/04/15 NA #3 stated it took some encouragement to get Resident #39 to take a shower, but when the extra time was invested, the resident would cooperate and enjoyed the shower.</p> <p>At 10:23 AM on 11/05/15 NA #4 stated she was unaware the newly organized "team" which monitored the provision of showers could actually help NAs provide showers if they were busy with other duties.</p>	F 242			